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FROM

THE MEDICAL NEWS,

March 30, 1895.



[Reprinted from THE MEDICAL NEWS, March 30, 1895.]

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OCCURRING upon the scalp, eczema is usually found to be of the erythematous, the vesicular, or the pustular variety, and the treatment will depend somewhat upon the condition present, whether it is of long standing or of only a few days' duration, the age of the patient, as well as his natural and daily habits.

The erythematous variety is very likely to be of long standing; it is more usually found in those of middle or advanced life, and is usually connected with the same condition as it occurs upon the face—in fact, spreading from the face. When this variety does attack the scalp, and when not in connection with the disease as existing upon the face, it is usually seen in patches, which may be single (the general rule) or multiple. These are found to be very irregular in outline; the disease may even attack the whole scalp, and no part escape. When this takes place the condition is usually very disagreeable, as well to the patient's friends as to himself. It attacks all of the hairy part of the scalp; here may be a dry condition, or it may consist en-



tirely of the moist variety of the disease. If it is the latter, this, with the scratching and tearing of the patient for relief, gives rise to a very distressing condition. The presence of blood due to the scratching and the natural discharge of the disease bring about a matted and crusted condition of the hair that causes the patient much discomfort.

The vesicular variety usually occurs at or near the temporal region, immediately above the ear and in the occipital space. The lesions, if seen early, are found to be discrete and distinct; but if allowed to proceed for some time before coming under the physician's observation, they will be found coalesced and covered with a conglomerate crust. There may be a few discrete vesicles around the borders of the patch; the part will be itchy and feel disagreeable, and the patient will scratch or tear at the part and cause the flow of blood as well as serum; the hair becomes matted, the parts inflamed and somewhat edematous. From this we are likely to find the part bulged out to some extent from the normal position of the head. When this variety occurs in the occipital region it is usually found in connection with or caused by pediculi, for, owing to the great amount of hair that is usually found in this locality, the part is warm and consequently sought by these parasites, so that in a short time there will be found a very bad condition, with a foul-smelling odor. This variety is likely to be found in the very young or the very aged.

The pustular type is usually a disease of childhood, rarely, as a rule, being witnessed in those of more

mature years. These lesions are seen scattered throughout the scalp, and thus differ very much from those of the vesicular variety, which is more likely to form patches. Pustular lesions do not coalesce, but are found to be distinct and discrete, each being remote from its nearest neighbor. There may be only a few (the usual rule), being seen in great numbers in only a few cases, although new ones are continually forming. They are mostly found at the openings of the hair-follicles, where the discharge mixes with that from the gland. Occurring in those of very tender years they rupture early, soon becoming crusted, so that from the color of the pus and its combining with the secretion of the sebaceous glands, there results a greenish yellow crust, which, if not removed early, will collect in one large mass, matting the hair, and, in fact, binding it down so closely to the scalp that it can hardly be lifted up at all. In fact, one would almost think it would break rather than bend.

Naturally the inflammation will be increased by leaving these crusts in this position, and they thus cause great pain and suffering. This variety is likely to undergo spontaneous involution—that is, it may disappear without treatment or cause—an unusual termination, however, of the disease.

The usual condition is that in which we are confronted with enlargement of the glands in both the vesicular and pustular types. The glands may increase in size and become almost as large as an ordinary furuncle, but in only rare instances do these glands break down. Those usually affected are the post-cervical and the occipital, and in very

aggravated cases those of the preauricular region may also be involved. Sometimes both the vesicular and pustular varieties become so aggravated that they resemble the ordinary *plica polonica*.

The treatment of these conditions must consist in both internal and external medication. Occurring in either a child or an adult, the natural secretions of the body must necessarily receive proper attention; the intestinal canal must be kept clear of all accumulations; the kidneys must act in a normal manner; the patient must have the normal amount of sleep; he should wear proper clothing during the waking and the sleeping hours, both in winter and in summer; he should eat carefully selected food, and in normal quantity. If a child, it naturally must be given a milk-diet at all times, and there must be no change from this rule. Care should be taken that he is not given potatoes, an article which mothers usually think a child can eat and digest. If an adult, he should refrain from certain foods, especially those that cause intestinal derangements, such as fried food, pastries, stewed fruits, and pork, no matter of what kind or cooking. He should be allowed as much bland food as he may want, so that he does not overload his stomach, and this will consist of all green fruits, roasted or stewed meats, a few potatoes, either white or sweet, tomatoes and all those articles of diet that have a tendency to operate upon the intestinal movements or increase the flow of urine, such as cabbage when uncooked, spinach and kale. While this list is not a full one of what the patient may or may not have, it gives a general idea of what is necessary for his comfort,

and the nearer we keep to these lines the better the result will be.

If the patient should be one whom it would be advisable to give a laxative or a diuretic at any time, one of the following methods may be carried out. I am usually in the habit of giving a tonic aperient, and one on which I mostly rely is as follows:

R.—Magnessii sulphatis	.	.	3j.
Ferri sulphatis	.	.	3ss.
Acidi sulphurici dil.	.	.	f3j.
Sodii chloridi	.	.	gr. x.
Infusi quassiae	.	q.s. ad.	f3iv.—M.

My usual plan is to begin with one tablespoonful of this mixture every morning about one-half hour before breakfast, in a goblet of water, which, preferably, should be warm. Should this prove insufficient to move the bowels properly I usually repeat the dose immediately before the evening meal. If the kidneys are not secreting freely, I have one-half dram of potassium acetate added to the morning dose. When this does not give the proper amount of urinary secretion I give the potassium salt every three hours, in doses of from ten to thirty grains. Should there be any complication, this also receives the necessary attention. Carlsbad, Friedrichshall, and Hunyadi water may be better borne than the formulæ given, or cascara sagrada will take the place of any or all.

The general condition may demand a tonic; if so, no better advice can be secured than that suggested by the disease itself. This must be decided

upon in each case, as no general rule can be adopted to govern this portion of the treatment.

In infants the first step in the treatment will be the use of something to remove the accumulated crust, which may be accomplished by either sweet-oil or a starch poultice, preferably the former, if it suffices. This should be used first, owing to the early rupturing of the pustules and the discharge of their contents, as the crusts and admixture with the sebaceous secretion obscure the state of the inflammation. After the removal of the detritus, then and then only can we fully appreciate the actual condition. Such remedies as resorcin, or calomel, or acetanilid will undoubtedly give the most prompt relief, and the best manner of applying them will be as follows: They may be given in ointment-form with petrolatum, or the ointment of zinc oxid in the proportion of twenty grains to the ounce, applied twice or thrice daily, the part being covered with some dressing that prevents the little patient from irritating the part by scratching and tearing.

Should there be pediculi in connection with the disease I usually advise the use of the fluid extract of staphisagria in the proportion of ʒij to ʒvj of dilute acetic acid, and then the application of the ointments named. I never, as a rule, advise the cutting of the hair.

When occurring in the adult it may be the best advice to use first a dressing of the *lotio nigra* of the Pharmacopeia, or a wash of a saturated solution of boric acid in water; this should be applied for at least one-half hour at each dressing, to remove the accumulations of the part and to some degree

to make an alteration in the degree of inflammation, following this with the use of some drug that has astringent properties, such as one of those mentioned when referring to the scalp of a child. We may use one of a more stimulating character in those cases that show some chronicity, such as salol, salicylic acid, or even phenol. I prefer at times to employ a very strong ointment in the more chronic cases, using from ten to forty grains of salol or salicylic acid, and adding ten grains of phenol to the ounce, thus getting rid of the disease and giving the patient relief from the itching that is always present.

315 SOUTH EIGHTEENTH STREET.

The Medical News.

Established in 1843.

A WEEKLY MEDICAL NEWSPAPER.

Subscription, \$4.00 per Annum.

The American Journal

OF THE

Medical Sciences.

Established in 1820.

A MONTHLY MEDICAL MAGAZINE.

Subscription, \$4.00 per Annum.

COMMUTATION RATE, \$7.50 PER ANNUM.

LEA BROTHERS & CO.

PHILADELPHIA.